

This document provides information about how Child Health Specialty Clinics (CHSC) provides nutrition screening, evaluation, and ongoing services and contacts. Early ACCESS Nutrition Services are included under IDEA Part C and provided at no cost to the family.

120.14(8) “*Nutrition services*” include: *a.* Conducting individual assessments of: (1) Nutritional history and dietary intake; (2) Anthropometric, biochemical, and clinical variables; (3) Feeding skills and feeding problems; and (4) Food habits and food preferences; *b.* Developing and monitoring appropriate plans to address the nutritional needs of an eligible child; and *c.* Making referrals to appropriate community resources to carry out nutrition goals. [34 CFR 303.12(d)(7)]

Why would a child need nutrition services from a Registered Dietitian on the IFSP?

A child’s ability to learn, grow, and develop ultimately depends on his/her nutritional status. A pediatric registered dietitian (RD) is a licensed professional who receives specialized training and is familiar with nutrition needs specific to infants and toddlers. This knowledge can be applied in the IFSP to ensure each child’s developmental outcomes are not affected by poor nutrition. Having a dietitian on the IFSP team provides access to nutritional expertise when questions arise about how to help an infant gain weight, how to help a toddler balance liquid and solids in their diet, and how to transition to table foods that meet a child’s nutritional needs for optimal growth and development.

Individualizing nutrition interventions for a child who requires special products for a tube feeding, a child who needs modified food textures, or a child whose appetite changes with each health event are concerns Early ACCESS dietitians can address. This typically requires more time and frequent contacts than a primary care provider, a specialized feeding team, or a WIC dietitian may provide. If a child is followed by a dietitian outside of WIC two or more times a year, contact the CHSC Nutrition Coordinator to determine if a referral is appropriate. If an Early ACCESS nutrition evaluation is deferred, it may be beneficial to include external dietitian services under medical or other service on the IFSP.

RD services differ from those offered by an occupational therapist (OT) as the OT’s training and expertise is focused on the mechanical aspects of eating and not the nutritional value and composition of the liquids and foods an infant and toddler receives. Dietitians are also able to evaluate a child’s growth, provide recommendations regarding special nutrition supplements and tube-feeding products whereas this falls outside the OT’s scope of practice.

How are nutrition needs identified?

The Parent Nutrition/Feeding Questionnaire (referred to as the PEACH) is a screening tool used with parents/caregivers to identify potential nutrition needs in children ages zero to five years. The PEACH tool was designed, tested and validated for children less than six years of age by Marci Kramish Campell and Kristine S. Kelsey.

This tool should be completed with all families referred to Early ACCESS and updated at the annual review for children **not** receiving nutrition services documented in the IFSP. For a score of four or more, or if the family has specific nutrition-related concerns regardless of the PEACH score, the Service Coordinator (SC) should offer nutrition services to the family. There is a CHSC Early ACCESS Nutrition Handout that explains CHSC Early ACCESS Nutrition Services available as a separate resource.

Because eating and feeding concerns may require services from many professionals, the SC might also forward

The Iowa Department of Education, as the lead agency, partners with the Department of Public Health, Department of Human Services, Child Health Specialty Clinics, and Iowa’s Area Education Agencies to provide Early ACCESS services.

the scored PEACH tool to an Early ACCESS OT, or other appropriate Early ACCESS team members. Children with medical conditions that impact growth and feeding may also benefit from a review of medical records that can be completed by requesting a [CHSC Health Assessment](#).

How are nutrition services provided?

Registered dietitians are employed by CHSC to provide statewide nutrition services to children in Early ACCESS. CHSC nutrition services are based on individual child and family needs. Most visits are virtual. If the family resides near the Bettendorf Regional Center where the CHSC RDs are housed, a visit in the CHSC Regional Center can be scheduled. Nutrition services qualify as a Medicaid eligible transportation reimbursement service through each child's Medicaid Managed Care Organization. A home visit may be scheduled if warranted by the child's medical complexity.

Forms and/or information needed to refer a child for CHSC Nutrition Services:

1. Early ACCESS Consent to Release and Exchange Information form signed by the parent/guardian to/with CHSC (required due to University of Iowa Hospitals and Clinics HIPAA requirements). CHSC can also accept a consent made out to University of Iowa Hospitals and Clinics in place of CHSC consent.
2. Early ACCESS Consent to Release and Exchange Information form signed by the parent/guardian to/with child's medical provider(s) - *This release does not need to be specific to Child Health Specialty Clinics. A release between the primary care provider and the EA team is appropriate.*
3. Completed PEACH tool.

Steps to schedule a CHSC nutrition visit:

1. Ensure required forms are available in ACHIEVE (see above).
2. Share the case with the CHSC Nutrition Coordinator, Stephany Brimeyer, in ACHIEVE.
3. E-mail Stephany Brimeyer at stephany-brimeyer@uiowa.edu.
 - o Include the child's initials, date of the IFSP meeting if scheduled, and other information pertinent to the request for a nutrition evaluation.
4. Inform the family CHSC will contact them as soon as possible after receiving all the necessary forms/documents. Information will then be provided to the parent/guardian and SC regarding the nutrition visit including assigned dietitian, date/time of the evaluation and mode of connection. The SC will be contacted by CHSC within two weeks of receiving the referral to provide an update on scheduling the nutrition visit.
5. If the child has Medicaid, the SC is responsible for obtaining the parent/guardian signature on the Parent/Guardian Authorization Form for Medicaid Reimbursement for IFSP. If the parent/guardian declines to sign the form, the SC must notify the CHSC dietitian.

Transitioning to an IEP

CHSC Nutrition Services are provided within an IFSP. If a child is transitioning to Part B Services, the CHSC dietitian may provide information/documentation to the child's school nurse for inclusion into the IEP. If needed, the CHSC dietitian will help the family determine where nutrition services can be obtained after the third birthday. If appropriate, the family and CHSC dietitian may elect to continue their professional relationship outside of the Early ACCESS system.